

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional)  19111.0051
Application Number 09/933,905		Filed August 22, 2001
For SYSTEM AND METHOD FOR SEARCH AND RECOMMENDATION BASED ON USAGE MINING		
Art Unit 2161		Examiner Marilyn P. Nguyen

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$1,020
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____

Applicant claims small entity status. See 37 CFR 1.27.      07/13/2005 JADD01 00000040 195127 09113905

A check in the amount of the fee is enclosed.      01 FC:1253 1020.00 DA

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to

Deposit Account Number 19-5127. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the       applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record. Registration Number 40,161  
 attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

Michael A. Schwartz  
Signature

July 12, 2005

Michael A. Schwartz

Date

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**BEST AVAILABLE COPY**

Adjustment Date: 09/15/2005 JADD01 00000040 195127 09113905  
07/13/2005 01 FC:1253 1020.00 DA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUL 18 2005

In re Application of: Omar Alonso, et al.

2005 JUL 19 PM 11:27

US PATENT & TRADEMARK  
OFFICE

Application No.: 09/933,905

Group Art Unit: 2161

Filed: August 22, 2001

Examiner: Merilyn P. Nguyen

For: SYSTEM AND METHOD FOR SEARCH AND RECOMMENDATION BASED ON  
USAGE MINING

**REQUEST FOR REFUND**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby requests a refund in the amount of \$1,020 to be credited to Deposit Account No. 19-5127 referencing Order No. 19111.0051, for payment of Petition of three-month Extension of Time that was initially filed with the Amendment of June 16, 2005 and then filed with the Request for Continued Examination on July 12, 2005. The filing of July 12, 2005 was a duplicate payment of these fees in this matter.

Please confirm the reversal of this transaction and its refund into our deposit account in writing. We appreciate your help in this matter.

Respectfully Submitted,



Dated: 7-18-05

Michael A. Schwartz  
Reg. No. 40,161

Swidler Berlin LLP  
3000 K Street, N.W.  
Suite 300  
Washington, D.C. 20007  
(202) 424-7500

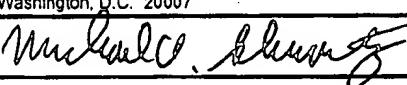
**BEST AVAILABLE COPY**

DAP/Raf

<b>O I P TRANSMITTAL FORM</b> <b>JUL 18 2005</b> <small>PTO/SB/21 (09-04) To be used for all correspondence after initial filing)</small>		Application Number	09/933,905	PATENT & TRADEMARK OFFICE
		Filing Date	August 22, 2001	SEARCHED
		First Named Inventor	Omar Alonson, et al.	INDEXED
		Art Unit	2161	FILED
		Examiner Name	Marilyn P. Nguyen	US PATENT & TRADEMARK OFFICE
Total Number of Pages in This Submission	2	Attorney Docket Number	19111.0051	

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Refund	
		<b>Remarks</b>	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	Swidler Berlin LLP 3000 K Street, N.W., Suite 300 Washington, D.C. 20007		
Signature			
Printed Name	Michael A. Schwartz		
Date	July 18, 2005	Reg. No.	40,161

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name			
	Date		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**BEST AVAILABLE COPY**